



**OKLAHOMA STATE BOARD OF  
COSMETOLOGY AND BARBERING**

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107  
Exam Department 405.522.7618 • Fax 405.521.2440  
www.cosmo.ok.gov

MARY FALLIN  
GOVERNOR

SHERRY G. LEWELLING  
EXECUTIVE DIRECTOR

**RECIPROCITY EXAM REGISTRATION APPLICATION INSTRUCTIONS**

If you have completed a course of training in another state, with hours that are equal to Oklahoma requirements, but do not have a license,

OR

If your out of state license has been expired for less than 5 years,

OR

If your foreign reciprocity application has been denied,

OR

If you have a license but do not meet criteria for reciprocity,

you must first transfer your hours to Oklahoma and then register for and pass both parts of the Oklahoma State Board exam.

1. **Obtain** and **submit** a certification/affidavit of your license records from the State Board (or other licensing agency) where you hold your license. This certification is a form your State Board will complete for you with your licensing history and information. Certification must include an official signature and state seal. **Certification must either be attached to your Exam Registration OR already be on file with the Oklahoma State Board of Cosmetology and Barbering.** If your State Board sends your certification of records directly to our office, we will notify you in writing to submit your exam registration form, photo and fee. Please **DO NOT** submit your license or a copy of your license unless specifically requested to do so by the Oklahoma State Board of Cosmetology and Barbering.
2. **Submit** the enclosed Reciprocity Exam Registration Application, completed with your signatures notarized.
3. **Submit** one current, 2" x 3", full face photograph. A current photograph is considered to be less than one year old.
4. **Submit** the appropriate fee as indicated on the application, payable by money order or cashiers check to the Oklahoma State Board of Cosmetology and Barbering. **PERSONAL CHECKS ARE NOT ACCEPTED.**

When we have received your fee and approved your application, you will be sent an exam notice advising you of date, time and place of exam, and supplies needed. You will also receive a temporary work permit.



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**DATE OF EXAMINATION:** \_\_\_\_\_ (Office Use Only)

**RECIPROCITY EXAM REGISTRATION APPLICATION**

**Eligibility Requirements & Instructions:**

1. Submit exam fee as indicated below, payable by money order or cashiers check. **PERSONAL CHECKS ARE NOT ACCEPTED.**
2. **Obtain** and **submit** a certification/affidavit of your school records from the State Board where you hold your license.
3. **TEST DATE MAY NOT BE CHANGED UNLESS DUE TO MEDICAL EMERGENCY OR DEATH IN THE FAMILY.**

Name \_\_\_\_\_

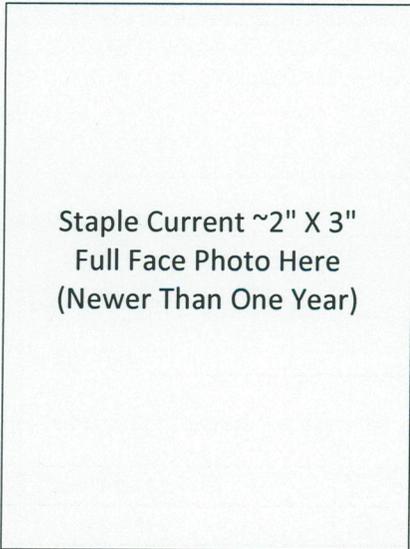
Home Address \_\_\_\_\_  
Street City State Zip

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Business Phone # (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

For what type of test are you applying? (check only one box)

<input type="checkbox"/> Cosmetologist - \$45	<input type="checkbox"/> Barber - \$35	<input type="checkbox"/> Manicurist - \$45	<input type="checkbox"/> Master Cosmetology Instructor - \$45
<input type="checkbox"/> Facialist - \$45	<input type="checkbox"/> Hairbraiding Technician - \$45		<input type="checkbox"/> Barber Instructor - \$50



**I certify this photo is of me:**

Date of Photo: \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

**This application must be signed before a Notary Public**

*I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.*

(SEAL)

\_\_\_\_\_  
*Signature of Applicant*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_